LEAGUE: _(must select one)	
Team Name:	Date:
I, the undersigned, agree that I will play for the above named team and by-laws governing the league, and all policies set up by the Wi	
Also, in consideration of being allowed to participate in the Will agree to hold the league, it's executive officers, the Williamson Co the Franklin City Parks, the Brentwood City Parks, Williamson Co of Franklin and the City of Brentwood and it's employees and offi property damage which may be incurred during my participation in acknowledge that no insurance is provided and I understand that I may arise by virtue of any injury I may incur while participating i or film various Parks and Recreation Department Activities, and course of participating in those activities. I hereby give consent to website for media or promotional activities. I understand that WCI promotional purposes and will not sell my image for any commercial	County Parks & Recreation Department, the City of Fairview ounty Government, it's employees, and officials, and the Cit ficials immune from any liability, for either personal injury of in all league sponsored events and activities. I understand and I am solely responsible for any medical or other expenses that in the league. I understand that WCPR staff may photograph I that my image may be included in such photographs in the for WCPR staff to use any such photographs or film on it CPR will use such images for its own website, media, or other
As manager/sponsor/responsible party of the above referenced to league play (fees payable via cash, check or credit/debit card on Recreation Department have to bring suit to collect any amour reasonable attorney's fees related to such action. I fully underst binding on the undersigned individual, their heirs, executors, admin	nly). I understand that should Williamson County Parks an unts due, I will be responsible for the court costs and the stand the terms contained in this document shall be legall
1. Coach/Captain's Name:	Signature:
Address:	city county state zip
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Phone:	Age:
2. Player's Name:	Signature:
Address:	
Email Address:	city county state zip
Phone:	Age:
3. Player's Name:	Signature:
Address:	
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Phone:	
4. Player's Name:	
Address:	
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Phone:	Age:

Team Name:

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Te	am Name:					
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19.	Player's Name:		_ Signature:			
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	Phone:		Age:			

I, the undersigned, agree that I will play for the above named team and will abide by all the rules as outlined in the constitution and by-laws governing the league, and all policies set up by the Williamson County Park & Recreation Department. Also, in consideration of being allowed to participate in the Williamson County adult league, I, the undersigned, do hereby agree to hold the league, it's executive officers, the Williamson County Parks & Recreation Department, the City of Fairview, the Franklin City Parks, the Brentwood City Parks, Williamson County Government, it's employees, and officials, and the City of Franklin and the City of Brentwood and it's employees and officials immune from any liability, for either personal injury or property damage which may be incurred during my participation in all league sponsored events and activities. I understand and acknowledge that no insurance is provided and I understand that I am solely responsible for any medical or other expenses that may arise by virtue of any injury I may incur while participating in the league. I understand that WCPR staff may photograph or film various Parks and Recreation Department Activities, and that my image may be included in such photographs in the course of participating in those activities. I hereby give consent for WCPR staff to use any such photographs or film on its website for media or promotional activities. I understand that WCPR will used such images for its own website, media, or other promotional purposes and will not sell my image for any commercial use.								
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	Williamson County Park County adult league, I, the Parks & Recreation Departs of the Parks	Williamson County Park & Recreation Do County adult league, I, the undersigned, dearks & Recreation Department, the City of the County Government, it's employees, and officials immune from any liability, for either in all league sponsored events and activity. It am solely responsible for any medical of in the league. I understand that WCPR states that my image may be included in such proceedings for WCPR staff to use any such photograph CPR will used such images for its own we cercial use.  Signature:  City County  Age:  Signature:  City County  County  County  City County	Williamson County Park & Recreation Department. A County adult league, I, the undersigned, do hereby agrarks & Recreation Department, the City of Fairview, and Sarks & Recreation Department, the City of Fairview, and Sarks & Recreation Department, the City of Fairview, and Sarks & Recreation Department, the City of Fairview, and Sarks & Recreation Department, the City of Fairview, and Sarks & Recreation Department. A sarks & Recreation Department, the City of Fairview, and th					